

EXHIBIT 2

DEFENDANTS RESPONSE TO PLAINTIFF'S MOTION TO COMPEL



American Alternative Insurance Corporation

555 College Road East, Princeton, New Jersey 08543-5241 Phone: (800) 305-4954

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

Commercial Excess Follow Form Policy
DECLARATIONS

Policy No. 01-A2-FF-0000024-00

Renewal of Number: NEW

Policy Issue Date: 01/22/01

Item 1. Named Insured and Mailing Address:

ALLIED HOLDINGS, INC.
160 CLAIRMONT ROAD
DECATUR, GA 30030

Producer No: B00548

Producer's Name and Mailing Address:
COUCH & ASSOCIATES INC
3575 HABERSHAM AT NORTHLAKE
TUCKER, GA 30084

Named Insured is: ☐ Individual, ☐ Partnership, ☒ Corporation, ☐ Joint Venture, ☐ Other

Business of the Named Insured is: AUTOMOBILE HAULER

Item 2. Policy Period:

From: 10/01/00 to 10/01/03 at 12:01 A.M. Standard Time at your mailing address shown above.

Item 3. Premium: \$ 1,885,000

☒ Flat ☐ Adjustable

Deposit

Premium: \$

Minimum

Premium: \$

Rate:

Per:

First Installment

\$

Subsequent Installment(s)

\$

Basis

Item 4.

Limits of Insurance:

a. Each Occurrence

\$ 3,000,000 excess of 2,000,000

b. Products Completed Operations Aggregate [(where applicable)]

\$ 3,000,000 excess of 2,000,000

c. General Aggregate

\$ 3,000,000 excess of 2,000,000

Item 5.

Retroactive Date:

(applicable to Claims Made Coverages)

Item 6.

Underlying Insurance:

See: Schedule of Underlying Insurance

Item 7.

Forms and Endorsements:

See: Schedule of Forms and Endorsements

Authorization:

In Witness Whereof, the Company issuing this policy has caused this policy to be signed by its authorized officers,
but this policy shall not be valid unless also signed by a duly authorized representative of the Company

American Alternative Insurance Corporation

Secretary

President

Countersigned

Date:

Authorized Representative

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED
SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO
REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.



American Alternative Insurance Corporation

Schedule of Forms and Endorsements
COMMERCIAL EXCESS FOLLOW FORM POLICY

Effective date of
this Schedule: 10/01/00

Issue date: 01/22/01

Attached to and forming part of
Policy No.: 01-A2-FF-0000024-00

Issued To: ALLIED HOLDINGS, INC.

The following is a schedule of Forms and Endorsements issued with the policy at inception:

Form ID Number:	Edition Date:	Form Name:
FG1000 ✓	01/95	DECLARATIONS
FG1000A ✓	07/94	SCHEDULE OF UNDERLYING INS
FG1000B ✓	01/95	COMMERCIAL EXCESS FOLLOW FORM POLICY
FGGA01 ✓	01/95	GEORGIA CANCELLATION AND NONRENEWAL ENDORSEMENT



Schedule of Underlying Insurance

COMMERCIAL EXCESS FOLLOW FORM POLICY

☒ See Supplemental ScheduleEffective date of
this Schedule: 10/01/00

Issue date: 01/22/01

Attached to and forming part of
Policy No.: 01-A2-FF-0000024-00

Issued To: ALLIED HOLDINGS, INC.

Underlying Insurer	Type of Coverage	Policy Number	Policy Period	Limits of Insurance
WORKERS COMPENSATION				
RELiance/KEMPER TRANSITION	ALLIED AUTOMOTIVE GROUP	NWA1499127-09	01/01/00 - 01	2,000,000
RELiance/KEMPER TRANSITION	ALLIED AUTOMOTIVE GROUP	NWA0152072-01	01/01/00 - 01	2,000,000
RELiance/KEMPER TRANSITION	ALLIED HOLDINGS	NWA0126542-04	01/01/00 - 01	2,000,000
RELiance/KEMPER TRANSITION	AXIS GROUP	NWA0142359-02	01/01/00 - 01	2,000,000

GENERAL LIABILITY				
RELiance/KEMPER TRANSITION	ALLIED AUTOMOTIVE GROUP	NGA1496525-10	01/01/00 - 01	2,000,000
RELiance/KEMPER TRANSITION	ALLIED HOLDINGS	NGB0126543-04	01/01/00 - 01	2,000,000
RELiance/KEMPER TRANSITION	AXIS GROUP	NGB0142360-02	01/01/00 - 01	2,000,000



American Alternative Insurance Corporation

Schedule of Underlying Insurance

COMMERCIAL EXCESS FOLLOW FORM POLICY

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Effective date of
this Schedule: 10/01/00

Issue date: 01/22/01


Attached to and forming part of
Policy No.: 01-A2-FF-0000024-00

Issued To: ALLIED HOLDINGS, INC.

Underlying Insurer	Type of Coverage	Policy Number	Policy Period	Limits of Insurance
AUTO LIABILITY				
RELIANCE/KEMPER TRANSITION	ALLIED AUTOMOTIVE GROUP	NKA1496527-10	01/01/00 - 01	2,000,000
RELIANCE/KEMPER TRANSITION	ALLIED HOLDINGS	NKA0126544-04	01/01/00 - 01	2,000,000
RELIANCE/KEMPER TRANSITION	AXIS GROUP	NKA0142362-02	01/01/00 - 01	2,000,000

AUTO LIABILITY (TX)				
RELIANCE/KEMPER TRANSITION	ALLIED AUTOMOTIVE GROUP	NKA1496526-10	01/01/00 - 01	2,000,000

01/22/01
Date


Authorized Representative



American Alternative Insurance Corporation

Date Issued 01/22/01

This endorsement forms a part of the Policy to which attached, effective on the inception date of the Policy unless otherwise stated herein. (The following information is required only when this endorsement is issued subsequent to preparation of the Policy.)

INSURED ALLIED HOLDINGS, INC.Policy No. 01-A2-FF-0000024-00

Endorsement Effective

10/01/00(12:01 A.M.)

Countersigned _____

(Authorized Representative)

by AMERICAN ALTERNATIVE INSURANCE CORPORATION

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

THIS POLICY IS SUBJECT TO THE FOLLOWING

GEORGIA CANCELLATION/NONRENEWAL ENDORSEMENT

The following is added to the Cancellation Condition:

A. We may cancel this policy by mailing or delivering to the first Named **insured** written notice of cancellation at least 45 days before the effective date of cancellation.

B. NONRENEWAL

If we decide not to renew this policy, we will mail or deliver written notice of nonrenewal to the first Named **insured** at least 45 days before the effective date of cancellation.

D. PREMIUM OR COVERAGE CHANGES AT RENEWAL

1. If we elect to renew this policy, we will mail or deliver written notice of any total premium increase greater than fifteen (15%) which is the result of a comparable increase in premium rates, change in deductible, reduction in limits or reduction in coverage to the first Named **insured**, at the last mailing address known to us.
2. Any such notice will be mailed or delivered to the first Named **insured** at least 45 days before the expiration or anniversary date of the policy.

Under Items A, B and C above, if notice is not mailed or delivered to the first Named **insured** at least 45 days before the effective date of cancellation or expiration/anniversary date of the policy, the premium, deductible, limits and coverage in effect during the policy term will remain in effect for an additional 30 day period.